

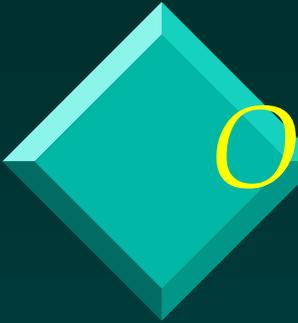
# *Immigrants, Refugees and Alcohol*

NIAAA Social Work Education

Module 10E

Appreciation is expressed to the NIAAA  
for support of this research (1 U24 AA11899-04)

(revised 03/04)



# Outline

- *Background*
- *Psychosocial Issues*
- *Alcohol Use Models*
- *Empirical Studies*
- *Social Work Practice*
- *Summary*

# Background



## 1981-1996 Immigration

<i>Mexico</i>	3,304,682
<i>Philippines</i>	843,741
<i>Vietnam</i>	719,239
<i>China</i>	539,267
<i>Dominican Republic</i>	509,902
<i>India</i>	498,309
<i>Korea</i>	453,018
<i>El Salvador</i>	362,225
<i>Jamaica</i>	323,625
<i>Cuba</i>	254,193

# Background (continued)

## 1981-1996 Refugees

Vietnam	420,178
Soviet Union	413,862
Laos	147,530
Cambodia	109,914
Iran	41,276
Romania	38,567
Poland	37,996
Bosnia-Herzegovina	35,172
Ethiopia	34,138
Afghanistan	30,952



# Background (continued)

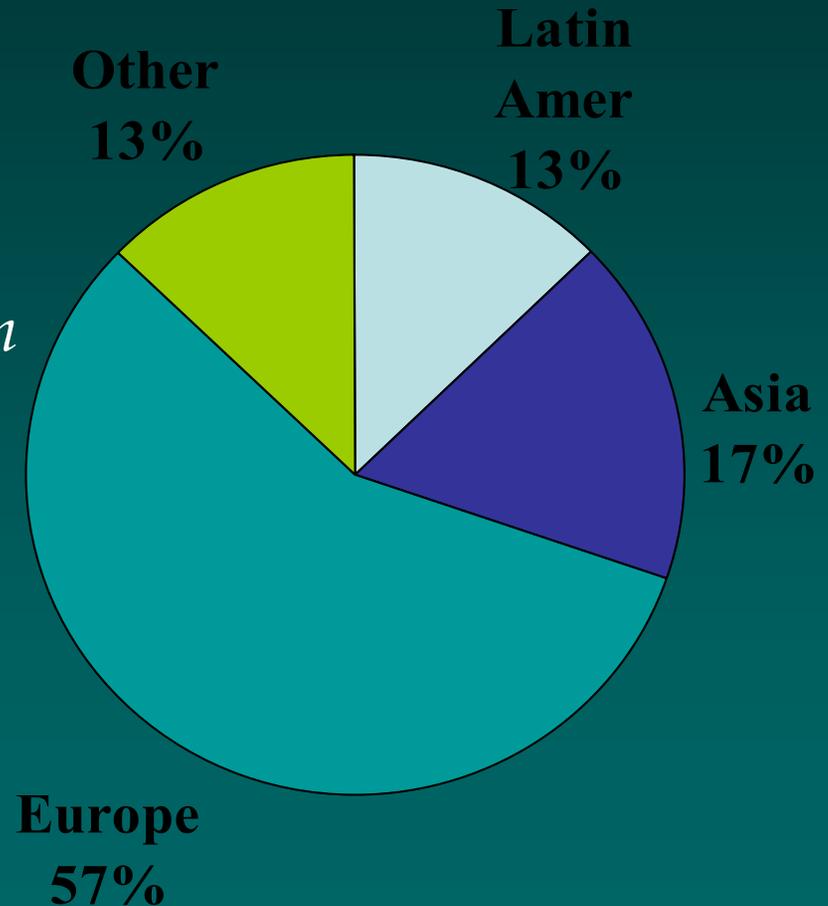
## 1996 Estimated Undocumented Residents

Mexico	2,700,000
El Salvador	335,000
Guatemala	165,000
Canada	120,000
Haiti	105,000
Philippines	95,000
Honduras	90,000
Poland	70,000
Nicaragua	70,000
Bahamas	70,000
Other	1,180,000
Total	5,000,000



# Background (continued)

*Foreign born residents:*  
- 26.4 million persons  
- 9.7% of the U.S. population



# Background (continued)

## Legal Permanent and Undocumented Residents by Top Seven States

		<u>Undoc LP</u>
California	35.3%	40%
New York	14.2%	11%
Texas	7.8%	14%
Florida	7.5%	7%
New Jersey	4.4%	3%
Illinois	4.3%	6%
Massachusetts	2.9%	2%



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# *Psychosocial Issues*

- *Family process, even for individuals*
- *Three phases of migration:*
  - *Pre-migration/departure*
  - *Transit*
  - *Resettlement*

*Source: Drachman and Halburstadt, 1992*

# Psychosocial Issues (continued)

## Pre-migration/Departure Phase

- *Separation from social networks*
- *Separation from familiar environments*
- *Concerns about family members left behind*
- *Depression, grief due to multiple losses*



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# Psychosocial Issues (continued)

## Transit Phase

- *May involve uncomplicated travel*
- *May involve dangerous, hazardous journeys*
- *May involve illegal border crossings*
- *May be exploited*



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# Psychosocial Issues (continued)



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## Resettlement Phase

- *Cultural dissonance*
- *Depression*
- *Parent/child conflict*
- *Racism/discrimination*
- *Language barriers*
- *Loss of valued social roles*
- *Alcohol and drug abuse*



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# *Psychosocial Issues (continued)*

*Refugee experience may include:*

- Persecution (religious, political, or other)*
- Hardship and/or torture*
- Lack of choices, planning opportunities in leaving country of origin*
- Post traumatic stress disorder*

**PTSD**

# *Psychosocial Issues (continued)*

## *Undocumented Immigrants/ Refugees experience:*

- *Lack of legal documentation (and protections)*
- *Risk of deportation, detention*
- *Vulnerability to exploitation (unjust labor practices, low pay)*
- *Ineligible for many programs*



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# *Psychosocial Issues (continued)*

- *Heterogeneity in degree of social network support*
- *Variability in economic self-sufficiency*
- *Differences in degree to which experience is positive; grants opportunities*

# *Alcohol Use Models*

- *Acculturative stress model*
- *Assimilation/acclturation model*
- *Continued original patterns*
- *Intracultural diversity model*

*Source: Johnson, 1996; Gutmann, 1999*



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# Alcohol Use Models

## 1. Acculturative Stress Model:

- Use of alcohol is a result of reaction to the stresses associated with the immigration experience
- Lack of social and economic resources for coping



# *Alcohol Use Models*

## 2. Assimilation/ Acculturation Model:

- As migrants adopt customs of host country, patterns of alcohol use reflect those of the new location



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# Alcohol Use Models (continued)

## 3. Intracultural Diversity Model:

- It is important to recognize the diversity of alcohol and other substance use patterns that may exist **WITHIN** an immigrant or refugee group

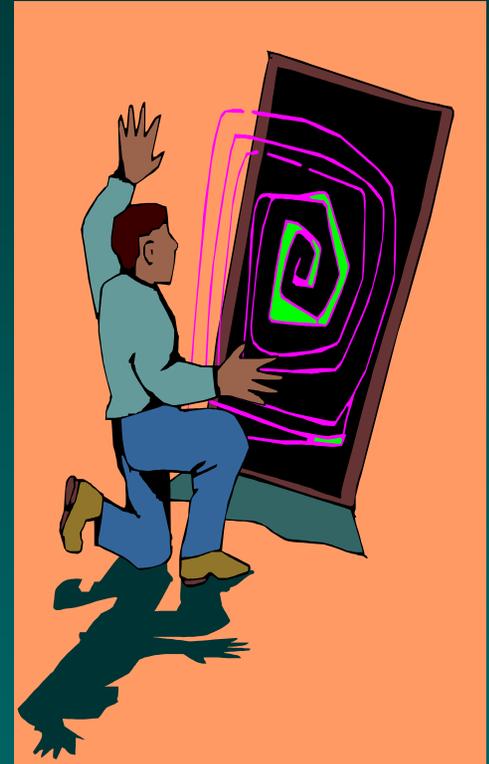
Source: Gutmann, 1999



# Empirical Studies

*Empirical knowledge of immigrant alcohol use is limited:*

- *Little research is available*
- *Existing research usually addresses groups with a longer history in the U.S. (e.g., Mexican, Chinese, Japanese, Korean)*
- *Dearth of research on WITHIN group differences*



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# *Studies: Intra-National Differences*

## *Within Group Differences*

- *Mexican Indian Immigrants compared to non-Mexican Indians*
  - *Fresno, CA (n=3,012)*
  - *Lifetime alcohol abuse or dependence at higher rates among Mexican Indian than non-Mexican Indian groups*
  - *No significant differences after adjusting for socioeconomic status*

*Source: Alderete et al, 2000*

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# *Studies: Differences Between Groups*

## *National Differences*

*Comparing 391 immigrants from Mexico with 531 from Central America (mostly El Salvador and Nicaragua):*

- Abstention from alcohol in previous 30 days was 64% for Central Americans, 57% for Mexicans*
- Average drinks in previous 30 days was 6 for Central Americans, 9 for Mexicans*

*Source: Marin and Posner, 1995*



# *Studies: Differences Between Groups (continued)*

## *National Differences*

Comparing Dominican and Guatemalan immigrants living in New Jersey on choices for alcohol treatment:

- Dominican immigrants opt for church-based programs
- Guatemalan immigrants opt for Spanish-language AA groups

Source: Rebhun, 1998



# *Studies: Differences Between Groups (continued)*

## *National Differences*

Among Asian groups in California:

- Vietnamese and Chinese-Vietnamese individuals have higher alcohol consumption levels than Japanese, Chinese, Korean, or Filipino individuals

Source: Caetano, Clark and Tam, 1998



# *Studies: U.S. – Born/Immigrant Differences*

## *Between Group Differences*

U.S.-born Mexican Americans (n=188) compared to immigrants from Mexico, Central America (n=264):

- U.S.-born men and women more likely to be heavy drinkers than immigrants
- U.S.-born women more likely than immigrant women to describe alcohol as mood elevator, tension reducer, and social disinhibiter

Source: Cervantes et al, 1990-91



# *Studies: U.S. – Born/Immigrant Differences*

## *Between Group Differences*

Among Vietnamese men living in California:

- Percentage of drinkers was the same compared to men in the general U.S. population
- Binge drinking was twice as common among Vietnamese men

Source: Makimoto, 1998



# *Studies: Acculturation Differences*

- Greater acculturation associated with lower alcohol abstention among Mexicans and Central Americans
- More acculturated Mexicans drank greater than twice the number of drinks than less acculturated (no significant difference for Central Americans)

Source: Marin and Posner, 1995



# *Studies: Gender Differences*

Among Mexicans and Central Americans:

- Women are more likely to abstain than men
- Men consume more than women
- Men drink more often than women

Source: Marin and Posner, 1995



## *Studies: Gender Differences (continued)*

Among Vietnamese in California:

- Women are more likely to abstain than men (51% vs. 6%)
- Men are more likely to be moderate to heavy drinkers than women (39% vs. 6%)

Source: Padilla, Sung and Nam, 1993



# *Studies: Reasons for Drinking*

- Refugee women from Cambodia:
  - Nervousness, stress, insomnia, pain (emotional or physical)
- Hmong:
  - Self-treating insomnia, pain, stress
- Southeast Asian refugees:
  - Stress
- Southeast Asian youth:
  - Forget their past

# *Social Work Practice*

## Special Training Needs:

- Knowledge of immigrant/refugee
  - Histories
  - Former lives
  - Immigration experiences
- Knowledge of PTSD work
- Knowledge of immigrant subgroup differences



# *Social Work Practice (continued)*

- Networking with community, existing ethnic associations
- Involvement of indigenous persons, paraprofessionals
- Involvement of immigrant's, refugee's family





# *Social Work Practice (continued)*

## Issues of Social Work values and ethics:

- NASW Code of Ethics
- Awareness of own personal values
- Understanding immigrant's/refugee's personal values
- Awareness of own stereotypes
  - Particularly with regard to group's drinking  
(e.g., machismo)
  - Challenge stereotypes

# Summary



Vital role for social work to assist immigrants and refugees to:

- Decrease alcohol abuse and dependence
- Decrease alcohol-related problems
- Find better strategies to cope with the stress of migration and acculturation